

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025520

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 314 Primary Registration District No. 6056 Registrar's No. 39

STATE FILE NUMBER

FILED JUL 8 1963

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Osceola (Butler Twp.)</b>		c. CITY OR TOWN <b>Osceola</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>5 M-ES Osceola</b>		d. STREET ADDRESS (If outside, give location) <b>Route # 2</b>	
3. NAME OF DECEASED (Type or print) <b>Isaac Daniel Cripe</b>		4. DATE OF DEATH <b>June 16, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/9/77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Indiana</b>	
13a. FATHER'S NAME <b>Joel Cripe</b>		14. NAME OF HUSBAND OR WIFE <b>Sara Elmyra Cripe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. INFORMANT <b>Sara Elmyra Cripe, Osceola Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>arteriosclerotic heart disease &amp; failure</b> DUE TO (c) <b>2 wks</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Osceola Missouri</b>
21. I attended the deceased from <b>1 May 63</b> to <b>16 June 63</b> and last saw him alive on <b>16 June 63</b> Death occurred at <b>1:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <b>Osceola Missouri</b>	
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22c. DATE SIGNED <b>6/18/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/18/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Mound</b>	23d. LOCATION (City, town, or county) <b>Osceola Mo.</b>
24. FUNERAL DIRECTOR <b>Goodrich Funeral Home, Osceola Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June 28-63</b>	
		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

INSTEAD OF

DATE AMENDED

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

11-2510-001

0-890  
-0890

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1

1  
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0-84

0-07

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. H. Hadfield*

Licensed Embalmer No. 3038

P. O. Address *Osceola Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.